PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
(Column 1) (Column 2)							ת	YPE		OR	SMALL	ENTITY
TOTAL CLAIMS			29					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			29 minus 20= *		* 9			X\$ 9=		OR	X\$18=	162.00
INE	DEPENDENT CL	_AIMS	.3 mi	nus 3 =	<u>*</u>	Ø		X43=		OR	X86=	
		IDENT CLAIM PI						+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						I	TOTAL		OR	TOTAL	932	
CLAIMS AS AMENDED - PART II								•	<u> </u>	•	OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	L	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***				X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENI	CLAIM			+145≃		OR	+290=	
							L	TOTAL		OP.	TOTAL	
		(Calumn 1)		(Colum	~~ 2)	(Column 3)	AD	DIT. FEE L	I	JO	ADDIT. FEE	
_		(Column 1) CLAIMS	T-	(Colun		(Column 3)	_		ADDI-	ı [ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	;	X\$ 9=	•	OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										323	
							Ľ	+145=		OR	+290=	•
							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)	,	D == =				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER DUSLY	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	;	=)	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash					
	**************************************	4 :- 4 4 -		Oita	"O" in act	uma 3	, <u>+</u>	145=		OR	+290=	
	t the entry in colur	mn 1 is less than th	e entry in colu	mn 2. write	O IN COIL	JMN 3.		TOTAL		~~	TOTAL	
**	If the "Highest Nur	mber Previously Pa mber Previously Pa	id For" IN THIS	S SPACE is	s less than		ADI	DIT. FEE		OR ,	ADDIT. FEE	